

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

In re Patent Application of

Atty Dkt. BJS-3665-133

C# M#

Confirmation No. 9193

MASSFELDER et al.

TC/A.U.: 1643

Serial No. 10/520,085

Examiner: Gussow

Filed: January 5, 2005

Date: July 10, 2009

Title: USE OF PTHRP ANTAGONISTS FOR TREATING RENAL CELL CARCINOMA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

☐ **Correspondence Address Indication Form Attached.**

☒ **NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences
from the last decision of the Examiner twice/finally rejecting
applicant's claim(s).

\$540.00 (1401)/\$270.00 (2401) \$ 540.00

☐ An appeal **BRIEF** is attached in the pending appeal of the
above-identified application

\$540.00 (1402)/\$270.00 (2402) \$

☐ Credit for fees paid in prior appeal without decision on merits

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☐ A reply brief is attached.

(no fee)

☐ Pre-Appeal Brief Request for Review form attached.

☒ Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)

Two Month Extensions \$490.00 (1252)/\$245.00 (2252)

Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)

Four Month Extensions \$1730.00 (1254)/\$865.00 (2254) \$ 490.00

☐ "Small entity" statement attached.

Less month extension previously paid on

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TOTAL FEE PAID ELECTRONICALLY BY CREDIT CARD \$ 1030.00

☐ **CREDIT CARD PAYMENT FORM ATTACHED.**

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.
The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or
asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this
firm) to our **Account No. 14-1140**.

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BJS:pp

NIXON & VANDERHYE P.C.
By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: _____/B. J. Sadoff/